

ROUTING AND TRANSMITTAL SLIP

TO: (Name, office symbol, room number, building, Agency/Post)

Initials Date

1. 0 DT-SC

2.

3.

4.

5.

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	<input checked="" type="checkbox"/> For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

Attached are a set of Waivers which have been approved for the following AAP requirements.

• 330 / 0262/92

• 330 / 0252/92

Original Waivers have been given to RSG-4 for the official Contract file

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

Room No.—Bldg.

72-800

Phone No.

X 2740

SG1J

SG1J